

2/24/05

+703-305-5500

7-303 9 003

7-310

Attorney's Docket 081468-0304791
Client Reference: P-0343.010-US

fee only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
FRANKEN et al.

Confirmation Number: 7973

Application No.: 10/815,421

Group Art Unit: 2881

Filed: July 9, 2003

Examiner: Fernandez, Kalimah

For: LITHOGRAPHIC APPARATUS AND DEVICE MANUFACTURING METHOD

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for a 3 months extension of time under 37 C.F.R.

1.136

03/01/2005 DBELL1 00000001 033975 10615421

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FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

| CLAIMS | | | | | | | | |
|--|---------------------------------------|------------------|----|---|------|------------------|----------|--|
| REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | | | RATE | ADDIT. FEE | | |
| TOTAL | 21 | - | 21 | = | 0 | x \$ 50.00 = | \$ 0.00 | |
| INDEP. | 3 | - | 3 | = | 0 | x \$ 200.00 = | \$ 0.00 | |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | + \$ 380.00 = | \$ 0.00 | |
| TOTAL ADDITIONAL CLAIM FEE | | | | | | \$ | 0.00 | |
| EXTENSION OF TIME FEE | | | | | | \$ | 1,020.00 | |
| GRAND TOTAL | | | | | | \$ | 1,020.00 | |

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FRANKEN et al -- 10/015,421
Orignt-Matter: 081432-0334793

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FEE PAYMENT

Authorization is hereby made to charge the amount of \$1,020.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: February 24, 2005
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/615421

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20 = | |
| INDEPENDENT CLAIMS | minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART I

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| AMENDMENT A | 2/24/05 CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total | 21 | Minus | 21 = - |
| Independent | 3 | Minus | 3 = - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL | | OR | TOTAL | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT FEE | | OR | TOTAL ADDIT FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------|---|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total | | Minus | = |
| Independent | | Minus | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT FEE | | OR | TOTAL ADDIT FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------|---|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total | | Minus | = |
| Independent | | Minus | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT FEE | | OR | TOTAL ADDIT FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1